

**CALIFORNIA WOMEN, INFANTS,  
AND CHILDREN (WIC) PROGRAM**  
**APPLICATION FOR AUTHORIZATION OF  
NEW VENDOR STORE**  
**PLEASE TYPE OR PRINT CLEARLY**

**FOR STATE USE ONLY**

Vendor Authorization

Number \_\_\_\_\_

Vendor Contract Identification

Number \_\_\_\_\_

**VENDOR STORE INFORMATION**

<b>1. Vendor Store Name</b>	<b>2. Vendor Store Telephone Number</b> (     )
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**3. Store Street Address**

City	County	State	Zip
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**4. Mailing Address** *(complete only if there is no physical mail delivery to the vendor store address)*

City	State	Zip
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<b>5. When did the vendor ownership acquire this vendor store?</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
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**6. Do you expect that more than 50 percent of this vendor store's annual food sales will be from WIC food instruments?** ☐ Yes ☐ No

**7. Is this store currently open for business?** ☐ Yes ☐ No

**8. Business Days and Hours of Operation**

<b>Monday</b> From:                      To:	<b>Tuesday</b> From:                      To:	<b>Wednesday</b> From:                      To:	<b>Thursday</b> From:                      To:
<b>Friday</b> From:                      To:	<b>Saturday</b> From:                      To:	<b>Sunday</b> From:                      To:	<b>Identify Holidays Closed:</b>

**9. Number of Registers. Enter the TOTAL number of registers in your store.**

Please refer to "Instructions on Counting the Number of Registers in Your Store".

**TOTAL Number of Registers**

**10. Does this store offer a variety of foods, including meat, poultry, fish; bread and cereal; vegetables and fruits; and dairy products stocked for sale?** ☐ Yes ☐ No

**11. Is this vendor store authorized to participate in the Food Stamp Program?** ☐ Yes ☐ No

If yes, enter your Food Stamp Authorization Number (FSN):

If no, is this store currently disqualified from the Food Stamp Program? ☐ Yes ☐ No

If yes, enter period of disqualification: \_\_\_\_\_ to \_\_\_\_\_

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**VENDOR STORE INFORMATION (continued)**

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12. Do you have a California Seller's Permit? ☐ Yes ☐ No

If yes, enter your Seller's Permit Number:

13. Has your store passed a City or County health inspection? ☐ Yes ☐ No

**Note:** Your store must have passed a health inspection prior to the onsite inspection of your store.

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**VENDOR OWNERSHIP INFORMATION**

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14. Type of Ownership (check one type)

- ☐ Sole Proprietorship (**complete Attachment A**)  
☐ Partnership (**complete Attachment A**)  
☐ Limited Liability Company (**complete Attachment B; and Attachment D, if applicable**)  
☐ Corporation (**complete Attachment C; and Attachment D, if applicable**)

15. Vendor Ownership Contact Person

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

16. Federal Tax/Employee Identification Number (EIN):

17. In the past six (6) years, have any individual(s) in this vendor ownership, including partners, members, officers, or managers been convicted of a crime, or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice? ☐ Yes ☐ No

If yes,

- a) enter the name(s) of the individual(s)

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- b) describe the criminal conviction(s) and/or civil judgment(s) and the date(s). (Be specific)

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## INFANT FORMULA SUPPLIER REPORTING INFORMATION

*Copy and Attach Additional Pages as Necessary*

18. The Child Nutrition and WIC Reauthorization Act of 2004 requires all authorized vendors to purchase infant formula from licensed wholesalers, distributors, retailers, or FDA approved manufacturers. Provide the following information for every supplier of infant formula for this store.

<b>Check One:</b> <input type="checkbox"/> <b>Manufacturer</b> <input type="checkbox"/> <b>Distributor</b> <input type="checkbox"/> <b>Wholesaler</b> <input type="checkbox"/> <b>Retailer</b>		
<b>Infant Formula Supplier Name</b> <div style="height: 30px;"></div>		
<b>Supplier's Valid CA Seller's Permit Number</b> (Not required if FDA approved manufacturer)		<b>Contact Person</b> <div style="height: 30px;"></div>
<b>Address</b> <div style="height: 30px;"></div>		<b>Suite/Unit</b> <div style="height: 30px;"></div>
<b>City/State</b> <div style="height: 30px;"></div>	<b>Zip Code</b> <div style="height: 30px;"></div>	<b>Telephone</b> <div style="height: 30px;"></div> (   )
If this is an <u>OUT OF STATE</u> infant formula supplier, you <u>MUST</u> attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is <u>NOT</u> required for FDA approved manufacturers.		

<b>Check One:</b> <input type="checkbox"/> <b>Manufacturer</b> <input type="checkbox"/> <b>Distributor</b> <input type="checkbox"/> <b>Wholesaler</b> <input type="checkbox"/> <b>Retailer</b>		
<b>Infant Formula Supplier Name</b> <div style="height: 30px;"></div>		
<b>Supplier's Valid CA Seller's Permit Number</b> (Not required if FDA approved manufacturer)		<b>Contact Person</b> <div style="height: 30px;"></div>
<b>Address</b> <div style="height: 30px;"></div>		<b>Suite/Unit</b> <div style="height: 30px;"></div>
<b>City/State</b> <div style="height: 30px;"></div>	<b>Zip Code</b> <div style="height: 30px;"></div>	<b>Telephone</b> <div style="height: 30px;"></div> (   )
If this is an <u>OUT OF STATE</u> infant formula supplier, you <u>MUST</u> attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is <u>NOT</u> required for FDA approved manufacturers.		

CERTIFICATION

19. • I am applying for authorization to participate in the California WIC Program.
- I have read and understand the laws and regulations that govern the WIC Program; Title 7, Code of Federal Regulations, Part 246; California Health and Safety Code, Section 123275 et sequitur; Title 22, California Code of Regulations, Section 40601 et sequitur.
  - All business owners, including all employees, will comply with WIC Program regulations and Vendor Agreement requirements.
  - I understand that the California WIC Program may terminate my authorization to participate for any violation(s).
  - I understand that the California WIC Program may terminate my authorization to participate for any change of ownership, change of vendor store location, or cessation of operations.
  - I understand that I have the right to appeal the denial of my authorization by the California WIC Program within 30 days of written notice.
  - All the information in this application including all attachments is true. I understand that providing any false information may result in the California WIC Program denying or terminating my authorization to participate.

I have legal authority to contract for this vendor ownership.

Signature:	Printed Name:
Title:	Date:

PRIVACY ACT STATEMENT

This information is requested by the California Department of Public Health, Women, Infants and Children (WIC) Program. The collection of this information is authorized by Section 40735 of Title 22 of the California Code of Regulations and will be used to determine whether a store qualifies to participate in the WIC Program; to monitor compliance with Program regulations; for Program management; and to enforce penalties and sanctions as authorized by statute and regulation. The provision of the requested Social Security Number (SSN) is voluntary. The SSN may only be used to identify all WIC-authorized stores and to locate owners in WIC Program enforcement actions. Information may be provided to the State Controller's Office, U.S. Department of Agriculture (USDA) and the State Attorney General.

PROGRAM CONTACT

For more information, to request access to your records, or to submit your application, contact the WIC Program, Vendor Management Branch, P.O. Box 997375, West Sacramento, CA 95899-7375, (916) 928-8705.

APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

ATTACHMENT A

TO BE COMPLETED BY A SOLE PROPRIETORSHIP OR PARTNERSHIP ONLY

Copy and Attach Additional Pages as Necessary

SOLE PROPRIETORSHIP

Sole Owner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Enter cessation date of the Partnership, if applicable \_\_\_\_\_

PARTNERSHIP (List ALL Partners)

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

Partner Name		Social Security Number (Optional)	
Mailing Address		Driver's License Number or Identification Number	State
City and State	ZIP Code	Telephone Number (       )	

I have legal authority to contract for this vendor ownership.

Signature:	Print Name:
Title:	Date:

APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

ATTACHMENT B

TO BE COMPLETED BY A LIMITED LIABILITY COMPANY ONLY

*Copy and Attach Additional Pages as Necessary*

Enter dissolution date of the Limited Liability Company, if applicable \_\_\_\_\_

**LIMITED LIABILITY COMPANY (List All Members and Managers)**

Company Name		Company Telephone Number (      )
Mailing Address		Company Contact Person
City and State	ZIP Code	Contact Person's Telephone Number (if different from above) (      )

Name		Check One <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		Check One <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		Check One <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		Check One <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

Name		Check One <input type="checkbox"/> Manager <input type="checkbox"/> Member		Social Security Number (Optional)
Mailing Address		Driver's License Number or Identification Number		State
City and State	ZIP Code	Telephone Number (      )		

**I have legal authority to contract for this vendor ownership.**

Signature:	Print Name:
Title:	Date:

**APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)****ATTACHMENT C****TO BE COMPLETED BY A CORPORATION ONLY***Copy and Attach Additional Pages as Necessary***CORPORATION (List All Corporate Officers)**

<b>Corporation Name</b>		<b>Corporate Telephone Number</b> (       )
<b>Mailing Address</b>		<b>Corporate Contact Person</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Contact person's Telephone Number (if different from above)</b> (       )

<b>Chief Executive Officer</b>		<b>Social Security Number (Optional)</b>	
<b>Mailing Address</b>		<b>Driver's License Number or Identification Number</b>	<b>State</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Telephone Number</b> (       )	

<b>Chief Financial Officer</b>		<b>Social Security Number (Optional)</b>	
<b>Mailing Address</b>		<b>Driver's License Number or Identification Number</b>	<b>State</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Telephone Number</b> (       )	

<b>Secretary</b>		<b>Social Security Number (Optional)</b>	
<b>Mailing Address</b>		<b>Driver's License Number or Identification Number</b>	<b>State</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Telephone Number</b> (       )	

<b>Officer Name</b>	<b>Title</b>	<b>Social Security Number (Optional)</b>	
<b>Mailing Address</b>		<b>Driver's License Number or Identification Number</b>	<b>State</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Telephone Number</b> (       )	

<b>Officer Name</b>	<b>Title</b>	<b>Social Security Number (Optional)</b>	
<b>Mailing Address</b>		<b>Driver's License Number or Identification Number</b>	<b>State</b>
<b>City and State</b>	<b>ZIP Code</b>	<b>Telephone Number</b> (       )	

**I have legal authority to contract for this vendor ownership.**

<b>Signature:</b>	<b>Print Name:</b>
<b>Title:</b>	<b>Date:</b>

APPLICATION FOR AUTHORIZATION – NEW VENDOR STORE (CONTINUED)

ATTACHMENT D

TO BE COMPLETED BY A PARENT COMPANY ONLY

IF A LIMITED LIABILITY COMPANY OR CORPORATION HAS A PARENT COMPANY(IES),  
SUPPLY THE FOLLOWING INFORMATION:

PARENT COMPANY(IES)

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

Name of Parent Company		
Street Address		
City and State	ZIP Code	Telephone Number (       )

I have legal authority to contract for this vendor ownership.

Signature:	Print Name:
Title:	Date: